

Department of Veterans Affairs  
Decentralized Hospital Computer Program

**LABORATORY PATCH LR\*5.2\*72**  
**RELEASE NOTES**  
**INSTALLATION GUIDE**

Version 5.2

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Information Resources Management Field Office  
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# Preface

The Laboratory Patch LR\*5.2\*72 Release Notes and Installation Guide Version 5.2 is designed to provide the Department of Veterans Affairs Medical Center (DVAMC), Information Resources Management (IRM), and the Laboratory Information Manager (LIM), and the Blood Bank Supervisor with the necessary technical information required to efficiently and effectively implement, maintain, and manage the installation of Patch LR\*5.2\*72.

This patch represents the version of the Blood Bank module software of the DHCP Laboratory package which is being submitted for FDA registration as a medical device. Based on the FDA memorandum dated November 13, 1995 which was sent to all registered blood establishment regarding "Guidance for Blood Establishments Concerning Conversions to FDA Reviewed Software Product", an extension was requested for all VA facilities using DHCP software. In this request the timetable indicated that release of this patch would be accomplished by the end of June 1996 and that implementation would be completed by December 31, 1996. Based on this extension request, **installation and validation of this patch must be completed prior to December 31, 1996.**

All Blood Bank patches released after LR\*5.2\*72 will require installation of this patch; however, support for Laboratory V. 5.2 without Patch LR\*5.2\*72 will continue to be provided until December 31, 1996.

See Appendix D of the Blood Bank User Manual for a revised listing of the control functions and a revised set of spreadsheets for Tracking of Test Case Testing for validation of this patch. Additional guidance on Blood Bank software validation was included on the disk containing the Laboratory V. 5.2 training materials which was provided by the Salt Lake City RMEC to the Pathology and Laboratory Medicine Service at each VA Medical Center.



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# Introduction

## Overview of Multidivisional Functionality

In order to accommodate multidivisional functionality, it is necessary to clearly identify the primary site as defined by VARTileMan, the associated divisions for which data is being entered and accessed as defined in the INSTITUTION file (#4) and the associated divisions to which individual users may be assigned as defined by the NEW PERSON file (#200), DIVISION field (#16). Based on the data dictionaries, the primary site is assigned a numeric code (3 digits) and the associated divisions are defined based on suffixes attached to that numeric code. In addition, since units of blood are assigned to specific locations just as patients are, it is necessary to have appropriate entries in the HOSPITAL LOCATION file (#44). When units are relocated, locations are screened to make sure that they are assigned to the appropriate division, based on the division designated in the HOSPITAL LOCATION file (#44) for the specific location. If a patient is transferred and the assigned units need to be relocated to a location in a different division, the unit must first be transferred to that division.

To minimize confusion, the term institution is used in conjunction with the word primary to indicate the parent facility at which the software and the database reside, i.e. the one with the straight numeric in INSTITUTION file (#4). The other facilities are referred to as divisions and will have a suffix appended to the numeric portion for their entry in the INSTITUTION file (#4).

For purposes of reports and other items with medicolegal implications, the name of the primary institution will be utilized; however, reference to the specific division will be included whenever possible and appropriate. For the pathology reports and the microscopic slide labels, the name of the primary institution will be used and will not reflect the division.

Whenever possible, the accession area or division to which the user is currently assigned is displayed to minimize confusion for those users who may be assigned to more than one division.

For Blood Bank, comparisons are based on the DUZ(2) of the user and the division of either the unit in BLOOD INVENTORY file (#65) or the component in BLOOD PRODUCT file (#66). For Anatomic Pathology (AP), this functionality is utilized in conjunction with a new variable LRDICS which is called by many routines.

Because searches of data in LAB DATA file (#63) is done by accession area, and access to the accession area is limited by the DUZ(2), it will be necessary for the pathologists to be assigned to all of the divisions in order for them to have access to search all of the AP data; however this will **not** be necessary for the clinicians since the clinicians menu options allow the clinicians to access Anatomic Pathology reports for a patient, regardless of the division of the accession area for the specimen.

## Keywords and Phrases

**Division:** one site of an institution which has more than one fixed location, including outpatient facilities, satellite labs, etc. In the INSTITUTION file (#4), each division is usually designated by alpha suffixes in the STATION NUMBER field.



**Legacy System:** “old” database that remains after a database integration. It remains available for users as a source for “historical” information and to close out existing items that were not copied to the primary site.

When the consolidation of the databases from two or more VAMCs takes place, the site(s) from which the data is copied is (are) referred to as legacy site(s). The site into which the data is merged is called the primary site. After the consolidation is complete, the primary site holds all of its original data plus any data copied from the legacy site(s). Each legacy site has the same data it did before the consolidation and for the most part becomes a historical repository since much of the DHCP data will not be moved. Any new activity should be done on the primary system. “Legacy” is the system that will not be actively used after the integration date.

**Multidivisional Facility:** a facility which has more than one division designated in the INSTITUTION file (#4) and where MULTI-DIVISIONAL FACILITY field (#5) is set to **YES** for the primary institution. Some sites may also utilize this software capability to accommodate satellite or “STAT” labs within the primary site.

**Primary Institution:** parent facility of a multidivisional facility; in the case of DHCP, this is the facility at which the software and the database reside.

**Primary System:** the system to which the data will be copied when the consolidation of the databases from two or more VAMCs takes place. This is the database that has been chosen to be the active system after the integration.

The asterisk (\*) indicates changes that **must** be done.

# Release Notes For Patch LR\*5.2\*72

The Patch LR\*5.2\*72 enhancements allow a facility to operate Anatomic Pathology and Blood Bank modules in a multidivisional mode. All data is resident in a single primary Laboratory database, but is now identifiable by division. For those sites which are not multidivisional, but wish to have multiple accession areas in Anatomic Pathology, the changes to accommodate multidivisional functionality will also provide this functionality. A few additional changes unrelated to multidivisional functionality have also been included.

## Enhancements and Modifications for Blood Bank and Anatomic Pathology

### Blood Bank Data Dictionary and Functionality Changes Related to Multidivisional Functionality

#### **New/Edited Fields**

1. The input transform for the BLOOD BANK DIVISION field (#.01) of the BLOOD BANK INSTITUTION field (#8.1) multiple of the LABORATORY SITE file (#69.9) has been edited and a screen has been added. These changes allows the site to indicate that there is more than one Blood Bank accession area and to access the appropriate division based on the DUZ(2) of the user.
2. A **new** field has been added to ACCESSION file (#68). The **new** ASSOCIATED DIVISION field (#.091) is a multiple which allows the site to indicate which divisions are to be associated with that specific accession area.

**NOTE:** There is a screen on the **new** field to allow entry of only those divisions associated with the site to be selected, i.e. S DIC("S")="I  
+\$G(^DIC(4,+Y,99))=+\$\$SITE^VASITE".

3. A **new** field has been added to BLOOD PRODUCT file (#66). The **new** ASSOCIATED DIVISION field (#10) is a multiple which allows the site to indicate which divisions are to be associated with that specific blood component.

**NOTE:** There is a screen on the input transform for the **new** ASSOCIATED DIVISION field (#10) to allow entry of only those divisions associated with the site to be selected, i.e. `S DIC("S")="I +$G(^DIC(4,+Y,99))=+$$SITE^VASITE"`.

4. The input transform for the LAB DATA file (#63), BLOOD COMPONENT REQUEST field (#.084) has been **edited** to allow selection of only those components which have the appropriate entry in the **new** ASSOCIATED DIVISION field (#10) in the BLOOD PRODUCT file (#66).

**NOTE:** This evaluation is based on the DUZ(2) for the person entering the request.

5. A **new** field has been added to the BLOOD INVENTORY file (#65). The **new** DIVISION field (#.16) indicates the current division where the unit resides.

**NOTE:** There is a screen on the input transform for the new field to allow entry of only those divisions associated with the site to be selected, i.e.  
`S DIC("S")="I +$G(^DIC(4,+Y,99))=+$$SITE^VASITE"`

## New/Edited Options

6. A **new** option Transfer unit to new division [LRBLJTR] has been added to the Inventory [LRBLI] menu. This option allows units to be transferred from one division to another as appropriate to reflect patient movement and allow subsequent entry of the transfusion data.

7. The ENTRY ACTION for the Specimen log-in [LRBLPLOGIN] option in the Patient [LRBLP] menu has been **edited** to evaluate whether the site has multiple areas for the division in order to determine whether to ask the prompt for the accession area and if so, to display the accession area.

8. The edit template [LRBLILG] used by the Edit unit log-in [LRBLSEL] option in the Supervisor [LRBLS] menu has been **edited** to include the new DIVISION field (#.16).

9. A **new** option Change to new division [LRUCHGDIV] has been added to the Patient [LRBLP] menu. This **new** option allows the site to change from one division to another, as appropriate based on the entry(ies) for DIVISION field (#16) for that user in the NEW PERSON file (#200), without having to log out and sign back in.

## Blood Bank Data Dictionary and Functionality Changes Unrelated to Multidivisional Functionality

### **New/Edited Fields**

10. The illegal cross references for BLOOD PRODUCT file (#66), (the B cross references) on the DESCRIPTION field (#1) and the (C cross reference) on the SYNONYM field (#2), are fixed in the pre-install routine LR72PRE. This will allow access to all fields via VA FileMan options. (NOIS ISL-0395-50334)

11. The BLOOD PRODUCT file (#66), ANTICOAGULANT field (#.12) name and set of codes has been **changed**. The ANTICOAGULANT field (#.12) was changed to ANTICOAGULANT/ADDITIVE field (#.12). The additive “Adsol” was added to the set of codes as a fourth choice. The set of codes were **changed** to restore functionality which existed prior to Laboratory V. 5.2. (Mailman Message #16854290)


12. The BLOOD DONOR file (#65.5), DONATION OR DEFERRAL multiple field (#5), ANTICOAGULANT field (#4.11) name and set of codes has been **changed**. The ANTICOAGULANT field (#4.11) name was changed to ANTICOAGULANT/ADDITIVE field (#4.11). The additive “Adsol” was added to the set of codes as a fourth choice. The set of codes were changed to restore functionality which existed prior to Laboratory V. 5.2.

13. The BLOOD DONOR file (#65.5), DONATION OR DEFERRAL field (#5), ANTIGEN field (#20) set of codes has been **changed**. In the set of codes, “positive” was changed to “reactive” and “not done” was added. The set of codes are now consistent with the other Enzyme Immuno Assay (EIA) methodologies and transfusion transmitted disease marker testing that is performed on blood donors.

14. The OREO ON field (#1) in the LABORATORY SITE file (#69.9), which was inadvertently exported will be removed by the pre-install routine LR72PRE.

## Blood Bank Option and Functionality Changes

### Donor [LRBLD] menu

1. In the Test review/Component labeling/release [LRBLDRR] option, the division of the user who is labeling/releasing the unit to inventory is captured and attached to the unit when it is moved from the BLOOD DONOR file (#65.5) to the BLOOD INVENTORY file (#65).
2. In the Donor collection/processing [LRBLDC] option  the BLOOD DONOR file (#65.5), DONATION OR DEFERRAL multiple field (#5), ANTICOAGULANT field (#4.11) name and set of codes were **edited**. The ANTICOAGULANT field (#4.11) was changed to ANTICOAGULANT/ADDITIVE field (#4.11). The additive "Adsol" was added to the set of codes as a fourth choice. The set of codes were **edited** to restore functionality which existed prior to Laboratory V. 5.2.
3. In the Donor unit supplemental testing prooflist [LRBLDTRS] option, a revision was made in the [LRBL DONOR TESTING SUPPLEMENT] print template for BLOOD DONOR file (#65.5) to accommodate the addition of the HIV ANTIGEN field (#20) as a follow-up to patch LR\*5.2\*97.

### Inventory [LRBLI] menu

4. In the Log-in regular (invoices) [LRBLILR] option, the division of the user is displayed upon entry to minimize confusion. The division which is displayed is then subsequently assigned to any units logged in during that session.
5. In the Disposition - not transfused [LRBLIDN] option, the division of the user is assessed and is displayed to minimize confusion for those users who may have access to more than one division. Only those units currently assigned to the same division can be accessed.
6. In the Disposition - relocation [LRBLIDR] option, the division of the user is assessed and is displayed to minimize confusion for those users who may have access to more than one division. Only those units currently assigned to the same division are displayed and can be accessed. The units may be relocated only to other locations assigned to the same division based on the entry in the HOSPITAL LOCATION file (#44).

**NOTE:** For units being relocated back to the Blood Bank, the entry in HOSPITAL LOCATION file (#44) **must** contain BLOOD BANK; however, it does not matter whether there is a prefix or suffix attached.

7. In the Disposition - relocation [LRBLIDR] option, units with a previous entry of “unsatisfactory” cannot be released from the Blood Bank. These units are indicated with a (#) sign in front of the unit number.

8. In the Disposition - relocation [LRBLIDR] option, an additional control function was **added** to prevent an entry in the relocation multiple in BLOOD INVENTORY file (#65), DATE/TIME UNIT RELOCATION multiple field (#3), DATE/TIME UNIT RELOCATION field (#.01) which is prior to the entry in the PATIENT XMATCHED/ASSIGNED multiple field (#2), DATE/TIME UNIT ASSIGNED field (#.02). (E3R #6386)

9. In the Enter blood inventory typing charges [LRBLILS] option, the division of the user is assessed. Only those units currently assigned to the same division can be accessed.

10. In the Enter blood inventory typing charges [LRBLILS] option, the routine was **edited** to correct the error in the name of the file requiring the entry. LAB SUPPLY was changed to BLOOD PRODUCT. (NOIS SDC-0696-60834)

11. In the Unit phenotyping [LRBLIUP] option, the division of the user is assessed. Only those units currently assigned to the same division can be accessed.

12. In the Unit ABO/Rh confirmation [LRBLIUC] option, the division of the user is assessed. If the data entry is done by unit ID, only those units currently assigned to the same division can be accessed. In addition, the division and accession area are displayed to minimize confusion for those users who may have access to more than one division.

**NOTE:** If the entry is done by batch (by specifying the date and the invoice number), access is not restricted.

13. In the Inventory ABO/Rh testing worksheet [LRBLIW] option, the division of the user is assessed. The division is printed on the first line and the accession area is included on the second line of the worksheet. Only those units currently assigned to that division are included.

14. In the Pediatric unit preparation [LRBLPED] option, the division of the user is assessed. Only those units currently assigned to the same division can be accessed.

15. The **new** Transfer unit to new division [LRBLJTR] option has been added to the Inventory [LRBLI] menu. This **new** Transfer unit to new division [LRBLJTR] option allows: **a)** units to be transferred from one division to another as appropriate to reflect patient movement **b)** and subsequent entry of the transfusion data.

When units are transferred, there is **no** change other than the entry in the BLOOD INVENTORY file (#65), DIVISION field (#.16). The unit is still assigned, etc.

**NOTE:** Although the accession area may not seem relevant to units in inventory, it is used for including changes in verified data on the audit trail, with the following exception. Data changes in the BLOOD INVENTORY file (#65), DIVISION field (#.16) are **not** captured on the audit trail of changes in verified data. However, they are reflected in the entries in the DATA CHANGE DATE multiple field (#999), a field not previously utilized. The DATA CHANGE DATE multiple field (#999) includes the date of the change, the person making the change, the data element changed (in this case the division), the old value, and the new value. This field is displayed with the other data if a lookup is done for the unit using the single unit information options.

### **Inquiries [LRBLQ] menu**

16. In the Single donor information [LRBLQSD] option, the BLOOD DONOR file (#65.5) HIV ANTIGEN field (#20) (previously exported with LR\*5.2\*97 patch) was added to the tests included in the display.

17. In the Single unit status [LRBLQST] option, the division of the unit has been included if the MULTIPLE ACCESSION AREA field (#8.1) of the LABORATORY SITE file (#69.9) is set to YES.

## Patient [LRBLP] menu

18. In the Specimen log-in [LRBLPLOGIN] option, the division of the user is assessed and displayed at the beginning of the option. Tests are assigned to a specific accession area based on the setup in LABORATORY TEST file (#60). If two divisions utilize the same accession area, the numbers will be sequential based on accessioning.



**NOTE:** Regardless of the division, the information regarding clinically significant antibodies, previous transfusion reactions, autologous or directed donor units available for the patient, current units assigned with their current locations, all specimens accessioned within the past 72 hours for which the specimen is BLOOD, etc. are displayed.

**CAUTION:** Unfortunately, for those sites which have been consolidated, this data will reflect only data from the primary site until such time as the data merger routines for the LAB DATA file (#63) have been completed.


**NOTE:** The entry in ACCESSION file (#68) for the accession area need only contain "BLOOD BANK"; it no longer needs to start with those ten characters.

19. In the Enter test data [LRBLPET] option, the division of the user is assessed. Upon entry, the division and accession area are displayed to minimize confusion for those users who may have access to more than one division. Only accession areas assigned to the same Associated Division can be accessed.

20. In the type of Enter test data [LRBLPET] option was changed from "Action" to "run routine".

21. In the Blood component requests [LRBLPCS] option of the Request/select/xmatch blood components [LRBLPC] menu, the division of the user is assessed. Only components assigned to the same ASSOCIATED DIVISION field (#10) in the BLOOD PRODUCT file (#66) can be accessed at the Select prompt. New components **cannot** be added if not appropriate. However, if the last component request entered was for a different division and is being shown as the default, no screening is done.


**NOTE:** Regardless of the division, the information regarding clinically significant antibodies, previous transfusion reactions, autologous or directed donor units available for the patient, current units assigned, etc. are displayed.

 **CAUTION:** Unfortunately, for those sites which have been consolidated, this data will reflect only data from the primary site until such time as the data merger routines for LAB DATA file (#63) have been completed.

22. In the Select units for patients [LRBLPIC] option, the division of the user is assessed. Upon entry, the division and accession area are displayed to minimize confusion for those users who may have access to more than one division.

Only components assigned to the same ASSOCIATED DIVISION field (#10) in the BLOOD PRODUCT file (#66) can be accessed. Only specimens within the designated time period for the designated division are displayed. If the user indicates that he wishes to see the available inventory, he will be given a choice of whether the units from the other divisions should be included. If the units are included, for those assigned to the other division, the division will be indicated. Even though the units may be displayed, only those units from the same division as the user can be accessed. If there is an autologous or directed unit which needs to be accessed, it **must** first be transferred to the appropriate division.


**NOTE:** Regardless of the division, the information displayed regarding clinically significant antibodies, previous transfusion reactions, autologous or directed donor units available for the patient, etc. are displayed.

 **CAUTION:** Unfortunately, for those sites which have been consolidated, this data will reflect only data from the primary site until such time as the data merger routines for LAB DATA file (#63) have been completed.

23. In the Select units for patients [LRBLPIC] option, the control function in which the ABO/Rh of the unit was compared to the patient's historical ABO/Rh was **changed**. In addition to evaluating the patient's historical ABO/Rh, a comparison is now done with the results of the current specimen (if one exists). If the patient's history and current results do not match, a warning message is displayed and the user is prevented from continuing with unit selection. (NOIS ISL-0696-51163)

24. In the Blood transfusion results [LRBLPT] option, the division of the user is assessed and only those units currently assigned to the same division are displayed and can be accessed.

25. A **new** option Change to new division [LRUCHGDIV] has been added to the Patient [LRBLP] menu. This **new** option allows the site to change from one division to another, as appropriate based on the entry(ies) for DIVISION field (#16) for that user in the NEW PERSON file (#200), without having to log out and sign back in.

26. The Unit CAUTION tag labels [LRBLILA] option has been added to the Request/select/atch blood components [LRBLPC] submenu in the Patient [LRBLP] menu to minimize the need to switch menus. This option will also remain in the Reports [LRBLR] menu.

### **Reports [LRBLR] menu**

27. The Patient antibody report [LRBLPR] option has been **edited**. The accession number was added to improve the usefulness of the information and minimize confusion.

28. The Patient accession list [LRBLPAL] option has been **edited**. The division of the accession area selected is included in the header of the report.

29. In the Crossmatch/Transfusions by Specialty/Physician [LRBLAA] option, of the [LRBLIUS] submenu has been **edited**. The division of each unit has been included for each unit for informational purposes.

30. The Blood Bank Administrative Data [LRBLA] option of the Blood bank workload reports [LRBLRWK] submenu has been **edited**. Data from the BLOOD INVENTORY file (#65) can be printed for a single division.

31. The HIV Antigen test has been **added** to the group of donor transfusion transmitted disease marker tests included in the Blood Bank Administrative Data [LRBLA] option of the Blood bank workload reports [LRBLRWK] submenu. The data is based on the new HIV ANTIGEN subfield (#20) of the DONATION OR DEFERRAL DATE field (#5) of the BLOOD DONOR file (#65.5) which was added in a previous patch.

## Supervisor [LRBLS] menu

32. The illegal cross references for BLOOD PRODUCT file (#66), (the B cross references) on the DESCRIPTION field (#1) and the (C cross reference) on the SYNONYM field (#2), are fixed in the pre-install routine LR72PRE. This will allow access to all fields via VA FileMan options. (NOIS ISL-0395-50334)



33. In the Edit unit log-in [LRBLSEL] option of the Blood bank inventory edit options [LRBLSI] submenu, the division of the user is assessed and only those units currently assigned to the same division can be accessed.

34. In the Edit unit - patient fields [LRBLSEC] option of the Blood bank inventory edit options [LRBLSI] submenu, the division of the user is assessed and only those units currently assigned to the same division can be accessed.

35. In the Edit unit disposition fields [LRBLSED] option of the Blood bank inventory edit options [LRBLSI] submenu, the division of the user is assessed and only those units currently assigned to the same division can be accessed.

36. In the Print data change audits [LRBLAD] option of the Summary and Deletion Reports [LRBLSSR] submenu, data may be included for all Blood bank accession areas or may be restricted to a single accession area, based on the entry at the START WITH NAME prompt.

37. In the Remove data change audits [LRBLAR] option of the Summary and Deletion Reports [LRBLSSR] submenu, data may be removed **only** for the division to which the user is currently assigned.

38. In the Antibodies by patient [LRBLPAB] option of the Summary and Deletion Reports [LRBLSSR] submenu, the lock which was inadvertently distributed with Version 5.2 was removed to allow access to the option.

39. The HIV Antigen test has been **added** to the group of donor transfusion transmitted disease marker tests included in the Print ex-donors [LRBLDEX] option of the Summary and Deletion Reports [LRBLSSR] submenu. The data is based on the new HIV ANTIGEN subfield (#20) of the DONATION OR DEFERRAL DATE field (#5) of the BLOOD DONER file (#65.5) which was added in a previous patch.

40. In the Edit blood bank files [LRBLEF] submenu, the **name** of the Blood component request edit [LRBLSRQ] option was **changed** to Edit blood component request file.

41. Options Edit group user manual [LRUPUME] and Print a user group manual [LRUPUM] in the Summary and Deletion Reports [LRBLSSR] submenu were deleted as they were inappropriately released with Laboratory V. 5.2 and were not documented in the Blood Bank User Manual.

42. In each of the options in the Blood Bank Inventory edit options [LRBLSI] submenu, the division of the user is displayed at the beginning of the option. In addition, the flexibility was added to allow the accession area to merely contain BLOOD BANK, rather than to equal BLOOD BANK.




## Anatomic Pathology Data Dictionary and Functionality Changes

1. The name and the input transform for LAB DATA file (#63), AUTOPSY ACC # field (#14) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The AUTOPSY ACC # field (#14) now includes the abbreviation for the accession area, concatenated with the year of the accession, concatenated with the accession number. This accommodates multidivisional functionality.
2. The name and the input transform in LAB DATA file (#63), EM subfile (#63.02), EM ACC # field (#.06) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The EM subfile (#63.02), EM ACC # field (#.06) now includes the abbreviation for the accession area, concatenated with the year of the accession, concatenated with the accession number. This accommodates both multiple accession areas within the "EM" subscript in a single division and multidivisional functionality.
3. The name and the input transform in LAB DATA file (#63), SURGICAL PATHOLOGY subfile (#63.08), SURGICAL PATH ACC # field (#.06) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The field now includes the abbreviation for the accession area concatenated with the year of the accession concatenated with the accession number. This accommodates both multiple accession areas within the "SP" subscript in a single division and multidivisional functionality.
4. The name and the input transform in LAB DATA file (#63), CYTOPATHOLOGY subfile (#63.09), CYTOPATH ACC # field (#.06) were **changed** from a numeric field to a free text field (5-15 characters) with a specific format determined by the input transform. The CYTOPATHOLOGY subfile (#63.09), CYTOPATH ACC # field (#.06) now includes the abbreviation for the accession area, concatenated with the year of the accession, concatenated with the accession number. This accommodates both multiple accession areas within the "CY" subscript in a single division and multidivisional functionality.
5. A **new** field was added to ACCESSION file (#68). The **new** DIV field (#26) is a subfield of the ACCESSION NUMBER field (#1), which is a subfield of the DATE field (#2). The **new** DIV field (#26) is a pointer to the INSTITUTION file (#4) which captures the division of the log-on person based on the DUZ(2). The data is then subsequently stored in the ACCESSION file (#68), in TEST field (#11), WKLD CODE subfield (#6), INSTITUTION subfield (#3) which has an associated "AC" cross reference.

6. The input transform was changed for LAB DATA file (#63), AUTOPSY RELEASE DATE/TIME field (#14.7) to prevent entries of a previous date/time and a future date/time.
7. The input transform was changed for EM subfile (#63.02), REPORT RELEASE DATE/TIME field (#.11) to prevent entries of a previous date/time, and a future date/time.
8. The input transform was changed for SURGICAL PATHOLOGY subfile (#63.08), REPORT RELEASE DATE/TIME field (#.11) to prevent entries of a previous date/time, and a future date/time.
9. The input transform was changed for CYTOPATHOLOGY subfile (#63.09), REPORT RELEASE DATE/TIME field (#.11) to prevent entries of a previous date/time, and a future date/time.
10. A **new** field was added to the ACCESSION file (#68). The **new** ASSOCIATED DIVISION subfile field (#1) of the ASSOCIATED DIVISION field multiple (#.091) **must** be completed even if there is only a single division. In the majority of the Anatomic Pathology menu options, the division of the user is assessed. Only those accession areas assigned to the same division as the user can be accessed.

## Anatomic Pathology Option/Functionality/Other Changes

1. In the Log-in, anat path [LRAPLG] option of the[LRAPL] menu, the routine was **changed** to eliminate the error caused if the user attempted to log in an autopsy on a referral patient who did not have a date of death entered  (NOIS call MEM-0595-70138)

2. By **changing** the data dictionaries for the anatomic pathology accession numbers in LAB DATA file (#63), SURGICAL PATHOLOGY subfile (#63.08), SURGICAL PATH ACC # field (#.06), EM subfile (#63.02), EM ACC # field (#.06), CYTOPATHOLOGY subfile (#63.09), CYTOPATH ACC # field (#.06), and AUTOPSY ACC # field (#14), it is now possible to have multiple accession areas for a single “AP” subscript (regardless of whether the facility is multidivisional).

**Example:** You may wish to have a separate accession area for Bone Marrows which is associated with the LR subscript “SP”, in addition to the Surgical Pathology accession area.

**NOTE:** The abbreviation for the accession area now controls the format of the accession number on the report, instead of it being based on the entry in the Edit pathology report parameters [LRAPHDR] option.

3. In the Verify/release reports, anat path [LRAPR] option of the Verify/Release Anat Path Menu [LRAPVR] submenu has been **changed**. The date/time of the release has been limited to current time only.

**NOTE:** The ability to enter a previous date/time has been removed for all of the anatomic pathology subscripts, in an effort to increase the validity of the data.

4. The FS/Gross/Micro DX/SNOMED coding [LRAPDGS] option of the Data Entry, Anat Path [LRAPD] submenu has been **changed**. The ability to use the LAB DESCRIPTIONS file (#62.5) for rapid entry of standardized text has been expanded to include the LAB DATA file (#63), SURGICAL PATHOLOGY DIAGNOSIS field (#8), SURGICAL PATH DIAGNOSIS subfield (#1.4).

**NOTE:** See pages 81 and 206 in the Laboratory V. 5.2 Anatomic Pathology User Manual for additional details.

5. For the Autopsy protocol [LRAPAUPT] option in the Clinician option, Anat path [LRAPMD] menu, a variable was **reset** to eliminate the error which occurred if the option was moved to another menu. (NOIS HOU-0196-715 and LIT-0895-72013)

6. For the Prisoner of War Veterans [LRAPDPT] option in the AFIP Registries [LRAPAFIP] submenu of the Supervisor, anat path [LRAPSUPER] menu, the problem created by Patch LR\*5.2\*114 in which additional patients who should not have been included in the report were included is fixed. (NOIS MAD-0596-41915)

# INSTALLATION GUIDE FOR PATCH LR\*5.2\*72



# Installation Guide for Patch LR\*.52\*72

This section of the Laboratory Patch LR\*.52\*72 Release Notes and Installation Guide provides pre-installation, installation, and post installation instructions that are necessary to ensure a successful implementation of Patch LR\*.52\*72. This Installation Guide is intended for experienced users.



## Pre-Installation Instructions

### Laboratory Information Manager (LIM)

The following instructions for editing the ACCESSION file (#68) field entries **must** be done **exactly** as shown in the example listed below.

#### **Editing ACCESSION file (#68)**

1. Edit the ACCESSION file (#68) for the existing anatomic pathology entries exactly as shown in the example to ensure that the AREA field (#.01), LR SUBSCRIPT field (#.02), and the ABBREVIATION field (#.09) are correct prior to the LRAPFIX conversion routine being run. The ABBREVIATION field (#.09) abbreviations entries may be defined as desired by the site. Enter the abbreviations as you want it to be for the site for future reference. This is critical as the entries in the abbreviation field **cannot be changed** once the LRAPFIX routine converts the data for the accession numbers and updates the cross references accordingly to include the ABBREVIATION field (#.09) entries from ACCESSION file (#68).

**NOTE:** There should be four entries for Anatomic Pathology, one for each LR SUBSCRIPT.

**EXAMPLE:** AREA field (#.01): SURGICAL PATHOLOGY  
 LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY  
 ABBREVIATION field (#.09): SP

AREA field (#.01): CYTOPATHOLOGY  
 LR SUBSCRIPT field(#.02): CYTOLOGY  
 ABBREVIATION field (#.09): CY

AREA field (#.01): ELECTRON MICROSCOPY  
 LR SUBSCRIPT field(#.02): ELECTRON MICROSCOPY  
 ABBREVIATION field (#.09): EM

AREA field (#.01): AUTOPSY  
 LR SUBSCRIPT field(#.02): AUTOPSY  
 ABBREVIATION field (#.09): AU

**NOTE:** If the AREA field (#.01) and LR SUBSCRIPT field (#.02) are incorrect or if there is no data in the ABBREVIATION field (#.09), the install will **not** proceed as the conditions of the environment check routine will **not** be met.

- a. Further editing the AREA field (#.01) and LR SUBSCRIPT field(#.02) **MUST** be done **AFTER** the LRAPFIX conversion routine is run.
- b. Enter the abbreviation as you want it to be for the site for future reference. Even if you are not currently multidivisional, consideration should be given to potential consolidations to minimize the impact of those consolidations in the future.

If the facility is multidivisional and the divisions will send specimens to a single site and use a common accession area in the future, unique abbreviations will still be needed for the old data. These abbreviations should reflect the division at which the accession originated.

**NOTE:** If you wish to use an alpha suffix to annotate the abbreviation, rather than an alpha prefix, this will not confuse the users during accessioning as the users will only be able to access those areas assigned to the appropriate division.

**Examples:**



1. If this is the conversion for the Baltimore site and the Baltimore surg path accession area is going to be BALTIMORE SURGICAL PATHOLOGY with an abbreviation of BSP, make this abbreviation BSP now, (even though the name field will not be changed until later)
2. Likewise, if this is the conversion for the Perry Point site and that site is going to be sending specimens to Baltimore and will sharing a common accession area, a unique abbreviation **must** still be entered at this point, such as PSP or SPP.

## Pre-Installation Information

### Hardware and Operating System Requirements

The Department of Veterans Affairs (VA) operates Decentralized Hospital Computer Program (DHCP) software on two hardware platforms. Both hardware platforms are mini-computer category, providing multitasking and multi-user capabilities. The hardware systems are:

- Digital Equipment Corporation (DEC) Alpha series using DEC Open Virtual Memory System (VMS), Version 6.1 or greater, operating system. This platform uses DEC System Mumps (DSM), version 6.3 or greater, of American National Standards Institutes (ANSI) of Massachusetts General Hospital Utility Multi-Programming System (MUMPS) also known as 'M' language. MUMPS is a Federal Information Processing Standard (FIPS) language.
- Personal Computer (PC) System with 486 or Pentium computer processor chip using Microsoft Disk Operating System (MS-DOS). This platform uses Micronetics Standard Mumps (MSM), Version 3.0.14 or greater, of American National Standards Institutes (ANSI) of Massachusetts General Hospital Utility Multi-Programming System (MUMPS) also known as 'M' language. MUMPS is a Federal Information Processing Standard (FIPS) language.

### DHCP Software Requirements

<b>Packages</b>	<b>Versions (or Greater)</b>
VA FileMan	21
Kernel	8.0 (with patch XU*8*17 installed)
Laboratory	5.2 (with patches installed)
MAS/PIMS	5.3
OE/RR	2.5

## Staffing Resources



Staffing resources will require IRM, LIM, or a Blood Bank Supervisory personnel with VA FileMan capabilities for editing the following files:

- ACCESSION file (#68)
- LAB SECTION PRINT file (#69.2)
- LABORATORY SITE file (#69.9)
- HOSPITAL LOCATION file (#44)

## Test Sites

Test Site	Type of Test Site	Date Installed	Hardware Platform/ Operating System	Lab Package Modules in Use	
				Blood Bank	Anat Path
Long Beach VAMC	Alpha	9-15-95 test acct only	DEC Alpha/ DSM	Yes	Yes
Brockton/ West Roxbury VAMC	Alpha	12-5-95	DEC Alpha/ DSM	Yes	Yes
San Antonio VAMC * Consolidated with Kerrville VAMC	Beta	9-26-95	DEC Alpha/ DSM	Yes	Yes
Temple VAMC * Consolidated with WACO & MARLIN VAMCs	Beta	9-27-95	DEC Alpha/ DSM	No	Yes
Buffalo VAMC * Consolidated with Batavia VAMC	Beta	12-28-95	DEC Alpha/ DSM	Yes	Yes
West Haven VAMC * Consolidated with Newington VAMC	Beta	12-30-95	DEC Alpha/ DSM	No	Yes
Fort Meade VAMC * Consolidated with Hot Springs VAMC	Beta	6-27-96	DEC Alpha/ MSM	Yes	Yes
East Orange VAMC * Consolidated with Lyons VAMC	Beta	6-28-96	DEC Alpha/ DSM	Yes	Yes

**CAUTION:** Although the test sites included an MSM site using a DEC Alpha platform, testing was not done at an MSM test site using a Personal Computer System because no suitable site existed, i.e., a site which was defined as multidivisional or which desired the ability to have multiple anatomic pathology accession areas within a single anatomic pathology LR SUBSCRIPT. MSM sites using a Personal Computer System should contact the CLIN 2 team prior to installation to determine whether any problems have been reported.

## Test Account

A test account is critical due to the magnitude of the changes in Patch LR\*5.2\*72.

**NOTE:** For a listing of the control functions to be included in the Blood Bank validation testing and a new set of worksheets to be used for the Test Case Tracking, see Appendix D of the Blood Bank User Manual. The listing of the control functions includes all the functions available in Laboratory V. 5.2, Blood Bank patches, and the changes for LR\*5.2\*72 patch. Although testing is necessary in the test account, validation of the Blood Bank software **must** be completed once the software has been installed in production.

## Kernel Installation and Distribution System (KIDS)

KIDS is a new method of installing DHCP software and a new module in Kernel Version 8.0. The LR\*5.2\*72 patch is distributed using KIDS. For further instructions on using KIDS please refer to the Kernel V. 8.0 Systems Manual.

## Kernel Patches Required

Prior to the KIDS installation of LR\*5.2\*72, Kernel patch XU\*8\*17 must be installed.

## Laboratory Patches Required

Prior to the installation of LR\*5.2\*72, the following patches **MUST** be installed:

LR*5.2*1	LR*5.2*16	LR*5.2*25	LR*5.2*26
LR*5.2*31	LR*5.2*34	LR*5.2*35	LR*5.2*50
LR*5.2*51	LR*5.2*58	LR*5.2*65	LR*5.2*73
LR*5.2*77	LR*5.2*79	LR*5.2*85	LR*5.2*91
LR*5.2*97	LR*5.2*105	LR*5.2*114	LR*5.2*115
LR*5.2*118	LA*5.2*17	LR*5.2*100	LR*5.2*78
LR*5.2*130 (fix for LR*5.2*91)			

## Laboratory Patches Involving Blood Bank Software

Of the patches which **must** be installed, the following patches involve the Blood Bank software. A description of changes and testing scenarios to be used for the validation are included with the individual patch and this information is NOT duplicated in these release notes.

LR*5.2*1	LR*5.2*16	LR*5.2*25	LR*5.2*74
LR*5.2*35	LR*5.2*77	LR*5.2*78	LR*5.2*79
LR*5.2*97	LR*5.2*100		

## Files

Patch LR\*5.2\*72 includes changes to most of the Blood Bank files and several of the Laboratory files. These changes are detailed in the Release Notes. With the KIDS installation, only the specific fields detailed are included, rather than the Data Dictionary for the entire file. Specifically, the files and fields include:

- **LABORATORY DATA file (#63)**

Partial DD: subDD: 63	fld: 14	AUTOPSY ACC #
	fld: 14.7	AUTOPSY RELEASE DATE/TIME
	fld: 14.9	PROVISIONAL ANAT DX DATE
subDD: 63.02	fld: .06	EM ACC #
	fld: .11	REPORT RELEASE DATE/TIME
subDD: 63.08	fld: .06	SURGICAL PATH ACC #
	fld: .11	REPORT RELEASE DATE/TIME
subDD: 63.084	fld: .01	BLOOD COMPONENT REQUEST
subDD: 63.09	fld: .06	CYTOPATH ACC #
	fld: .11	REPORT RELEASE DATE/TIME

- **BLOOD INVENTORY file (#65)**

Partial DD:	subDD: 65	fld: .06	EXPIRATION DATE/TIME
		fld: .16	DIVISION
	subDD: 65.01	fld: .01	PATIENTXMATCHED/ASSIGNED
		fld: .02	DATE/TIME UNIT ASSIGNED
	subDD: 65.03	fld: .01	DATE/TIME UNIT RELOCATION

- **BLOOD DONOR file (#65.5)**

Partial DD:	subDD: 65.54	fld: 4.11	ANTICOAGULANT/ADDITIVE
		fld: 4.4	DATE/TIME PROCESSED
		fld: 20HIV	ANTIGEN

- **BLOOD PRODUCT file (#66)**

Partial DD:	subDD: 66	fld: .12	ANTICOAGULANT/ADDITIVE
		fld: 1	DESCRIPTION
	subDD: 66.021	fld: .01	SYNONYM
	subDD: 66.04	fld: .02	SPECIMEN
	subDD: 66.08	fld: .02	SPECIMEN
	subDD: 66.1	fld: .01	ASSOCIATED DIVISION

- **ACCESSION file (#68)**

Partial DD:	subDD: 68.02	fld: 26DIV
	subDD: 68.03	fld: .01 ASSOCIATED DIVISION

- **LABORATORY SITE file (#69.9)**

Partial DD:	subDD: 69.981	fld: .01	BLOOD BANK DIVISION
		fld: .06	MULTIPLE ACCESSION AREA

## Print Templates

Patch LR\*5.2\*72 includes one print template for BLOOD DONOR file (#65.5)

PRINT TEMPLATE: LRBL DONOR TESTING SUPPLEMENT



## Input Templates

Patch LR\*5.2\*72 includes one input template for BLOOD INVENTORY file (#65).

INPUT TEMPLATE: LRBLILG

## Options

LRBLEF (link for menu item)

LRBLI

LRBLIDN

LRBLIDR

LRBLILA

LRBLILR

LRBLILS

LRBLISH

LRBLIUC

LRBLIUP

LRBLIUR

LRBLIW

LRBLJM

LRBLJTR

LRBLP (link for menu item)

LRBLPAB

LRBLPC

LRBLPED

LRBLPET

LRBLPLOGIN

LRBLSEC

LRBLSED

LRBLSEE

LRBLSEL

LRBLSRQ

LRBLSSR (link for menu item)

LRUCHGDIV

LRUPUM (delete at site)

LRUPUME (delete at site)



## Routines

For Blood Bank, only a few routines were changed as compared to Anatomic Pathology where the majority of the routines required changes. Specifically, the scope of the routine changes includes:

### **Blood Bank Routines:**

LRBL\* 52 (36%)  
LRCAPBB



### **Anatomic Pathology Routines:**

LRAP\* 69 (69%)  
LRSP\* 6 (60%)  
LRCY\* 1 (100%)

### **Common Routines:**

LRU\* 14 (21%)

LREM\* 0  
LRAU\* 6 (54%)

Routine Checksums for Patch LR\*5.2\*72

<b>Routine Name</b>	<b>Before Patch</b>	<b>After Patch</b>	<b>Patches Included</b>
LR72ENVC	N/A	10118822	72
LR72PRE	N/A	190509	72
LRAP	10403072	8960424	72
LRAPA	4656450	5518427	72
LRAPAU	4555449	4970213	72
LRAPAU	14417566	13459476	72
LRAPAU	5589732	5779056	51, 72
LRAPAU	343483	363769	72
LRAPBK	13117892	12436464	72
LRAPBS	9530725	7131219	72
LRAPC	5340982	4773278	72
LRAPCUM	14047316	13799394	34, 72
LRAPD	4542710	2910677	72, 91
LRAPDA	14948580	14967972	72, 73, 91
LRAPDEL	6301858	6376457	72
LRAPDPT	6823526	7107569	72, 114
LRAPDS	413044	934470	72
LRAPED	11507848	12289587	1, 31, 72, 115
LRAPEDC	4899381	4945400	72
LRAPFICH	3383986	2852137	72
LRAPFIX	N/A	5553927	72
LRAPH	4909603	3926677	72
LRAPHDR	1559144	1686010	72
LRAPJNC	5838353	6759117	72
LRAPL	6656073	4878022	72
LRAPLG	7333835	7436993	72
LRAPLG1	6952457	8036474	72
LRAPLG2	5232187	5979642	72, 115
LRAPM	14128148	15264180	72, 91, 130
LRAPMOD	1763077	1323197	72
LRAPMV	7473442	7971427	72
LRAPOLD	10216449	10481951	72
LRAPP	5467205	4573436	72
LRAPPA	4168936	4206698	72
LRAPPF	2917679	3432268	72
LRAPPF1	11687405	11563301	72

**checksums continued**

<b>Routine Name</b>	<b>Before Patch</b>	<b>After Patch</b>	<b>Patches Included</b>
LRAPPF2	1703493	1668683	72
LRAPPOW	6667789	4217313	72, 114
LRAPQ	5576437	5679153	72
LRAPQAC	8427071	7979245	72
LRAPQACD	1749257	1985498	72, 85
LRAPQACN	7551560	6886068	72
LRAPQAFS	6062556	6133966	72
LRAPQAM	2548318	1890936	58, 72
LRAPQAMR	8517573	8507937	72
LRAPQAR	11772281	11822268	72
LRAPQAT	12170883	12861312	72, 85
LRAPQOR	5274969	6005685	72
LRAPR	10366720	10330077	72
LRAPS1	8521516	8521350	72
LRAPS2	11905503	11831515	72
LRAPSA	8361677	8191557	72
LRAPSE	1707913	1215585	72
LRAPSEM	14699799	14693024	72
LRAPSEM1	10343109	10479358	72
LRAPSEM2	12254703	12289265	72
LRAPSL	10783558	10873901	72
LRAPSM	9196990	9346661	72
LRAPSM1	11824486	11702389	72
LRAPST	8820669	8847352	72
LRAPST1	3180798	3294764	72
LRAPT	7684657	7722160	72
LRAPT1	1555945	1745606	72
LRAPTT	12376332	12893426	1, 72
LRAPTT1	5291896	5433538	72
LRAPU	N/A	1606338	72
LRAPV	6254696	6847717	72
LRAPWE	10582558	10853327	72
LRAPWR	13705370	13760726	72
LRAPWU	9771464	8085637	72
LRAPX	5707403	5722104	72
LRAUAW	4434676	4607420	72, 115
LRAUDA	2234244	2289072	72
LRAUMLK	4980671	5472745	72
LRAURPT	16397616	16489910	1, 72

**checksums continued**

<b>Routine Name</b>	<b>Before Patch</b>	<b>After Patch</b>	<b>Patches Included</b>
LRAUSICD	3659214	3522840	72
LRAUSM	11817138	11974402	72
LRBLA	9313272	11361264	72
LRBLA1	9926399	10106404	72
LRBLA2	6490884	7315572	72
LRBLAA	14326109	14549108	72
LRBLDAA	12203824	12463641	72
LRBLDC	14081954	14196802	72
LRBLDCU	5349018	5556264	72
LRBLDEX	3417783	2280729	72
LRBLDEX1	13440864	13643755	72
LRBLDEX2	14011718	14294791	1, 72
LRBLDPA	3813923	3904141	72
LRBLDPA1	13875145	13804264	72
LRBLDPA2	13988829	13967384	72
LRBLDR	15121433	15537243	72
LRBLDRR	16370364	17080015	72, 97
LRBLDRR1	15032705	20892416	72, 97
LRBLDRR2	3066287	3243087	72
LRBLDT	13239896	13410130	72, 97
LRBLDTA	2604164	2557404	72
LRBLDUC	4698546	5267997	72
LRBLDW	5918756	5874762	72
LRBLFX72	N/A	3222158	72
LRBLJA	10779194	17885267	72
LRBLJCK	9133133	9623575	72
LRBLJD	13165494	12907645	25, 72, 78
LRBLJDA	10972758	11129743	25, 72
LRBLJDP	9084280	9494946	72
LRBLJED	13071752	14505071	72
LRBLJL	17014884	17621733	16, 72, 79
LRBLJL1	8687646	10658109	72, 79
LRBLJLA	9051165	10021308	72
LRBLJLG	15685077	20357396	72
LRBLJLG1	11427027	11591495	72
LRBLJPA	5587022	5625331	72
LRBLJPA1	16327603	15816413	72
LRBLJPA2	10519413	11292074	72
LRBLJR	8082545	8337302	72
LRBLJU	5981259	6005102	72
<b>checksums continued</b>			

<b>Routine Name</b>	<b>Before Patch</b>	<b>After Patch</b>	<b>Patches Included</b>
-----	-----	-----	-----
LRBLJU1	67356669	7426279	72
LRBLJW	10073924	11281581	72
LRBLPCS	12068405	12060945	1, 72
LRBLPCS1	9887619	11189381	1, 72
LRBLPE	11575871	11586067	35, 72, 100
LRBLPE1	7387090	9122655	72
LRBLPED	14607261	14628677	72
LRBLPR1	12731130	13035995	1, 72
LRBLPT	8846509	9150490	72
LRBLPUS	10288915	15077042	72
LRBLPUS1	7988890	10145235	72
LRBLPX	15329379	16099658	72, 77
LRBLQST	6415500	7062775	72
LRBLRCT	9833422	9579063	72
LRCAPBB	11696536	12232294	72
LRCYPCT	16094448	16335284	72
LRSPGD	1899546	2603488	72
LRSPRPT	14718034	14718178	1, 72
LRSPRPT2	11806540	12401510	72
LRSPSICD	3733172	3884280	72
LRSPSICP	4548274	4661792	72
LRSPPT	5815819	5816607	1, 72
LRU	17261555	21000231	1, 72
LRUA	9428099	9458739	72
LRUBYDIV	NA	2459231	72
LRUC	3314953	6608626	72
LRUDEL	8087301	9399801	1, 72
LRUFILE	3793703	4157773	72
LRUPA	8985351	8236266	72
LRUPA2	10860453	10757832	72
LRUPAD	8440128	7596723	72
LRUPAD2	9070446	8939713	72
LRUPS	5213446	6061957	72
LRURG	563985	542751	72
LRUTL	10259125	14414064	72
LRUWLF	5417790	5220096	72

Totals:

LRAP=69

LRAU=6

LRBL=52

LRCY=1

LRSP=6

LRU=14

LRCAPBB

LR72ENVC

LR72PRE



## Installation Instructions for Patch LR\*5.2\*72

Patch LR\*5.2\*72 is using the KIDS Standard Distribution. KIDS is a new method of installing DHCP software and the replacement for DIFROM. For further instructions on using KIDS, please refer to the Kernel V. 8.0 Systems Manual, Chapter 26, pages 393-409.

### Performance/Capacity Impact

There are no changes in the performance of the system once the installation and conversion of data are complete.

### Conversion of Data

- Conversion of existing data in the LAB DATA file (#63) for the accession numbers for all four LR SUBSCRIPTs due to the change in the field format of the accession numbers. This conversion is done automatically by the LRAPFIX routine which is run as part of the post installation routines. Specifically, the fields are:

AUTOPSY ACC # (field #14)

EM ACC # (field # .06 of the ELECTRON MICROSCOPY subfile (#63.02))

SURGICAL PATH ACC # (field # .06 of the SURGICAL PATHOLOGY subfile (#63.08))

CYTOPATH ACC # (field #.06 of the CYTOPATHOLOGY subfile (#63.09))

- Addition of data to the BLOOD INVENTORY file (#65) to populate the new DIVISION field (#.16). This is done automatically by the LRBLFX72 routine.
- Addition of data to the BLOOD PRODUCT file (#66) to populate the new ASSOCIATED DIVISION field (#10). This is done automatically by the LRBLFX72 routine.
- Addition of data to the ACCESSION file (#68) to populate the new ASSOCIATED DIVISION field (sub DD 68.03, field .01). This is done automatically by the LRBLFX72 routine.

**NOTE:** This is a multiple field. Some editing MAY be necessary for CH and/or MI subscript accession areas for already multidivisional for some report options to work properly.

## Installation Time

The actual installation of this patch should take no more than 10 minutes. Although users may remain on the system, it is recommended that you install this patch during non-peak hours. LAB options must be disabled during the actual installation. KIDS will automatically run the conversion routine LRBLFX72, which will automatically run LRAPFIX. Users can be allowed onto the system while the conversion routine LRAPFIX is running; however, Anatomic Pathology options must be disabled. A message will be sent to the device queued for installation notifying you when it is safe to bring users on. The actual conversion of the data may take several hours, depending on the size of the database being converted.

## How to Obtain Patch LR\*5.2\*72

VAMCs are encouraged to use their FTP capability to obtain LR\*5.2\*72 patch from one of the following IRM Field Office's ANONYMOUS directories:

<u>IRM FIELD OFFICE</u>	<u>FTP ADDRESS</u>	<u>DIRECTORY</u>
HINES	152.129.1.110	[ANONYMOUS.SOFTWARE]
SALT LAKE CITY	152.131.2.1	[ANONYMOUS.SOFTWARE]
ALBANY	152.127.1.5	[ANONYMOUS.SOFTWARE]

The file name is LR5\_2\_72.KID

## Installation Process

**NOTE:** If you are a consolidation site, this patch **must** be installed and the conversion routines run at each individual site which has Blood Bank and/or Anatomic Pathology data. This **must** be done before the Legacy database is moved to the primary site.



### Alpha and MSM Sites

1. From the Installation [XPD INSTALLATION MENU] of the KIDS menu, use menu option Load a Distribution [XPD LOAD DISTRIBUTION] to load the transport global onto your local system.

Example: Below is an example of the computer screen dialogue seen during the KIDS install; however, the dates shown will not be the same as those on the released version.

```
Select Installation Option: LOAd a Distribution
Enter a Host File: LR5_2_72.KID<RET>
```

```
KIDS Distribution saved on Jul 05, 1996@012:20:19
Comment: CREATED 7-5-96
```

```
This Distribution contains Transport Globals for the following Package(s):
```

```
LR*5.2*72
```

```
Want to Continue with Load? YES//<RET>
Loading Distribution...
```

```
Want to RUN the Environment Check Routine? YES//<RET>
Will first run the Environment Check Routine, LR72ENVC
```

```
Use LR*5.2*72 to install this Distribution.
```

**2. From the Installation [XPD INSTALLATION MENU] of the KIDS menu, run the Verify Checksums in Transport Global [XPD PRINT CHECKSUM] and verify that all routines have the correct checksum.**

Example: **Below is an example of the computer screen dialogue; however, the dates shown will not be the same as those on the released version:**

```
Select Installation Option: VERify Checksums in Transport Global
Select INSTALL NAME: LR*5.2*72   Loaded from Distribution 7/5/96@12:25:05
```

```
      => CREATED 7-5-96   ;Created on Jul 05, 1996@012:20:19
DEVICE: HOME//      LAN
```

```
      PACKAGE: LR*5.2*72      Jul 05, 1996 12:28 am      PAGE 1
-----
```

151 Routine checked, 0 failed.

3. From the Installation [XPD INSTALLATION MENU] of the KIDS menu, use may use the Print Transport Global [XPD PRINT INSTALL] option to view what will be installed onto your local system prior to the Install.

4. From the Installation [XPD INSTALLATION MENU] of the KIDS menu, run the Install Package(s) [XPD INSTALL BUILD] option. Select the package LR\*5.2\*72 and proceed with the install.

**CAUTION:** Prior to the actual install of this patch, be sure that the appropriate fields in ACCESSION file (#68) have been edited by the Laboratory Information Manager per the pre-installation instructions in the Laboratory Patch LR\*5.2\*72 Release Notes and Installation Guide, page 23.

**Example:** Below is an example of the computer screen dialogue; however, the dates shown will not be the same as those on the released version:

```
Select Installation Option: INstall Package(s)
Select INSTALL NAME: LR*5.2*72      Loaded from Distribution
7/5/96@12:25:05      => CREATED 7-5-96   ;Created on Jul 05, 1996@12:20:19
```

```
This Distribution was loaded on Jul 05, 1996@12:25:05 with header of
CREATED 7-5-96   ;Created on Jul 05, 1996@12:20:19
  It consisted of the following Install(s):
  LR*5.2*72
```

Will first run the Environment Check Routine, LR72ENVC

Envirnment Check is Ok ---

Install Questions for LR\*5.2\*72

```
63      LAB DATA   (Partial Definition)
Note:   You already have the 'LAB DATA' File.
```

```
65      BLOOD INVENTORY (Partial Definition)
Note:   You already have the 'BLOOD INVENTORY' File.
```

```
65.5    BLOOD DONOR  (Partial Definition)
Note:   You already have the 'BLOOD DONOR' File.
```

```
66      BLOOD PRODUCT (Partial Definition)
Note:   You already have the 'BLOOD PRODUCT' File.
```

68           ACCESSION   (Partial Definition)

Note:   You already have the 'ACCESSION' File.

69.9       LABORATORY SITE   (Partial Definition)

Note:   You already have the 'LABORATORY SITE' File.

Want to DISABLE Scheduled Options, Menu Options, and Protocols?

YES//**NO<RET>**

Enter the Device you want to print the Install messages.

You can queue the install by enter a 'Q' at the device prompt.

Enter a '^' to abort the install.



DEVICE: HOME//   LAN

LR\*5.2\*72

-----

## Installation Guide for Patch LR\*5.2\*72

Install Started for LR\*5.2\*72 :  
Jul 05, 1996@12:31:57

Installing Routines:  
Jul 05, 1996@12:32:40

Running Pre-Install Routine: ^LR72PRE

Installing Data Dictionaries:  
Jul 05, 1996@12:31:57



Installing PACKAGE COMPONENTS:

Installing PRINT TEMPLATE

Installing INPUT TEMPLATE

Installing OPTION  
Jul 05, 1996@12:32:55

Running Post-Install Routine: ^LRBLFX72

Your ASSOCIATED DIVISION field in File 68 has been populated for all accession areas.

Your new DIVISION field in files 65 & 66 has been populated  
You MAY NOW let users back on--HOWEVER, all ANATOMIC PATHOLOGY options should be DISABLED while I convert the AP accession numbers to their new format

Your AP Accession Numbers have been converted to their new format

WHEW!!!, What a job!!!

Updating Routine file

The following Routines were created during this install:  
LRBLDPK  
LRBLDPK1

Updating KIDS files...

LR\*5.2\*72 Installed.

Jul 05, 1996@12:33:06

## DSM/Alpha Sites

### 5. If you have disabled journaling, you may now re-enable it.

## MSM Sites

**6. If you are a MSM site, move the routines to the other servers. On a mapped system, rebuild your map set.**

Post Installation Instructions for Patch LR\*5.2\*72



The post installation instructions for Patch LR\*5.2\*72 **should** be followed as recommended below to ensure a successful implementation of the Anatomic Pathology and Blood Bank modules.

IRM Staff

1. After the LRAPFIX conversion routine has been run as part of the installation process, the Health Summary Patch GMTS\*2.7\*3 will need to be installed to accommodate the change in the format of the AP accession numbers.

Laboratory Information Manager (LIM)

2. Using VA FileMan, create a new entry(ies) in the LAB SECTION PRINT file (#69.2) which points to any new entries in ACCESSION file (#68).

3. Using VA FileMan, edit the ACCESSION file (#68) to enter the appropriate division in the ASSOCIATED DIVISION field (#.091) for each anatomic pathology accession area.

**NOTE:** This **must** be done even if the site is not multidivisional.

4. Using the Edit pathology parameters [LRAPHDR] option, make the necessary entries for the new entries in LAB SECTION PRINT file (#69.2) which reflect the new accession areas added to ACCESSION file (#68) for anatomic pathology.

**NOTE:** If this is not done, no headers will appear for reports generated for the new accession areas.

**Example:** If a Bone Marrow accession area were added, you would need an entry for:

- REPORT HEADER 1 (field .03 of the LAB SECTION PRINT file (#69.2)) which is used for the data in the GROSS DESCRIPTION subfield (#1) of the SURGICAL PATHOLOGY field (#8) of the LABORATORY DATA File (#63), and
- REPORT HEADER 2 (field .04 of the LAB SECTION PRINT file (#69.2)) which is used for the data in the MICROSCOPIC DESCRIPTION subfield (#1.1) of the SURGICAL PATHOLOGY field (#8) of the LABORATORY DATA File (#63), and
- REPORT HEADER 4 (field .14 of the LAB SECTION PRINT file (#69.2)) which is used for data in the DIAGNOSIS subfield (#1.4) of the SURGICAL PATHOLOGY field (#8) of the LABORATORY DATA File (#63), but you would **not** need an entry in
- REPORT HEADER 3 (field .13 of the LAB SECTION PRINT file (#69.2)) which is used for data in the FROZEN SECTION subfield (#1.3) of the SURGICAL PATHOLOGY field (#8) of the LABORATORY DATA file (#63).

Other fields should be completed as appropriate; however, the format of the accession number on the report is now controlled by the accession number field, not the entry in this prefix field.

5. Using the Edit pathology parameters [LRAPHDR] option in the Supervisor, anat path [LRAPSUPER] menu, edit the entries in LAB SECTION PRINT file (#69.2) which reflect the accession areas for anatomic pathology. Delete any entries in the ACCESSION PREFIX field (#.08) as the format of the accession number on the report is now controlled by the accession number field, **not** the entry in this prefix field. Leaving the data in the prefix field will result in accession numbers with both pieces, e.g. SPSP 96 1200.

**NOTE:** This **must** be done even if the site is not multidivisional. The Edit pathology parameters [LRAPHDR] option is usually locked with the LRLIAISON key.

## Instructions for Blood Bank Multidivisional Sites\*

**NOTE:** The asterisk (\*) indicates changes which **must** be done before the software will run as multidivisional, but not necessarily immediately.

1. Review/edit the necessary field changes in HOSPITAL LOCATION file (#44) in the primary site.

The fields to be reviewed/edited include:

NAME: **must contain "BLOOD BANK"**

ABBREVIATION:

TYPE: OTHER LOCATION//

TYPE EXTENSION: OTHER LOCATION//

INSTITUTION: **must be primary site as defined in the Global ^DD("SITE")**

DIVISION: **must be a division whose numeric portion is the same as that of the primary site. Although this is not screened by FileMan, it is screened by the LRBL routine.**

a. If there is **only** one Blood Bank and units are not transfused in other divisions, there should be **only** one entry in the HOSPITAL LOCATION file (#44) for BLOOD BANK. If there is **more** than one division with a Blood Bank, there **must** be one entry for each division; however, the name field has some flexibility as long as it contains "BLOOD BANK". This is the location to which units are assigned once they are relocated and then subsequently returned to Blood Bank.

2. Review/edit the necessary field changes in ACCESSION file (#68) in the primary site.

The fields to be reviewed/edited include:

AREA: **must contain "BLOOD BANK"**

LR SUBSCRIPT: **must be "BLOOD BANK"**


ACCESSION TRANSFORM: DAILY//

BYPASS ROLLOVER: YES//

ABBREVIATION: to be determined by the site

Select ASSOCIATED DIVISION: **must be a division whose numeric portion is the same as that of the primary site.**

a. If there is only one Blood Bank and units are not transfused in other divisions and specimens are not drawn by the other divisions, you would only have a single Blood Bank accession area entry in ACCESSION file (#68), with a single associated division.

b. If there is only one Blood Bank and units are  transfused in other divisions, but specimens are drawn and some testing is done by the other divisions, you can either:

**1)** have a single Blood Bank accession area with multiple associated divisions (giving you a single numbering system much like that obtained if you indicate common accession #s for the CH subscript areas).

**2)** have multiple Blood Bank accession areas each with a single associated division (giving you unique numbering).

c. If there are multiple Blood Banks and units are transfused in multiple divisions, you would have multiple Blood Bank accession areas, each with a single associated division (giving you unique numbering for each).

3. Make the necessary changes in BLOOD PRODUCT file (#66) in the primary site.

**NOTE:** The LRBLFX72 conversion routine has already been run at each site as part of the installation of the patch. This routine entered the primary institution as the first entry in the ASSOCIATED DIVISION field (#10) for each entry in BLOOD PRODUCT file (#66).

a. If there is an entry in BLOOD PRODUCT file (#66) which should not be accessible to the primary institution, edit that entry accordingly.

b. If there is only one Blood Bank and units are not transfused in other divisions, no additional changes are required.

c. If there are multiple Blood Banks and units are transfused in multiple divisions AND the other parameters defined in BLOOD PRODUCT file (#66) are to be identical for each division,


**1)** use FileMan to add the appropriate ASSOCIATED DIVISIONs for each component to be accessible at that particular division.

**2)** make whatever other changes are appropriate to reflect the operations, e.g. additional TESTS TO CHECK or additional SUPPLIERS.

d. If there are multiple Blood Banks and units are transfused in multiple divisions AND the other parameters defined in BLOOD PRODUCT file (#66) are NOT identical for each division, use FileMan to add new entries in BLOOD PRODUCT file (#66) with the appropriate ASSOCIATED DIVISIONs assigned.

e. Develop procedures/controls regarding access to BLOOD PRODUCT file (#66), including  methodology for documenting changes made once validation testing has been completed.

## Instructions for Anatomic Pathology Multidivisional Sites and Multiple AP Accession Areas\*

**NOTE:** The asterisk (\*) indicates changes that **must**  be done before the software will run as multidivisional OR before the software will accommodate multiple AP accession areas (not necessarily immediately).

1. Now that the LRAPFIX conversion routine has been run, make the necessary changes in the ACCESSION file (#68) in the primary site to reflect the desired setups. Do **NOT** make these changes before the conversion routine is run or the accession numbers for the previous data will not be converted properly.

**NOTE:** At this point, the AREA field (#.01) can be edited; however, for those entries which already exist, the ABBREVIATION field (#.09) **cannot** be edited!

- a. If you have multiple AP accession areas in non-multidivisional site, you might have a setup such as:

**NOTE:** These are examples only; therefore, the facility IDs may **not** be correct.

AREA field (#.01): SURGICAL PATHOLOGY  
LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY  
ABBREVIATION field (#.09): SP  
ASSOCIATED DIVISION field(#.091), subfield (#.01): Long Beach (600)  
LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): BONE MARROW  
LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY  
ABBREVIATION field (#.09): BM  
ASSOCIATED DIVISION field(#.091), subfield (#.01): Long Beach (600)  
LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): CYTOLOGY  
 LR SUBSCRIPT field (#.02): CYTOLOGY  
 ABBREVIATION field (#.09): CY  
 ASSOCIATED DIVISION field (#.091), subfield (#.01): Long Beach (600)  
 LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): AUTOPSY  
 LR SUBSCRIPT field (#.02): AUTOPSY  
 ABBREVIATION field (#.09): AU  
 ASSOCIATED DIVISION field (#.091, subfield (#.01): Long Beach (600)  
 LAB DIVISION field (#.19): Anatomic Pathology

b. If you are a multidivisional site, there are a variety of ways in which the file can be setup to produce the desired effect.

**NOTE:** Remember, at this point, the AREA field (#.01) can be edited; however, for entries that already exist in the ABBREVIATION field (#.09) **cannot** be edited!

**NOTE:** If you wish to use an alpha suffix to annotate the abbreviation, rather than an alpha prefix, this will not confuse the users during accessioning as the users will only be able to access those areas assigned to the appropriate division.

**WARNING:** If data is being merged from more than one site, such as is planned for those sites who are consolidating, it is absolutely **critical** that each of the anatomic pathology accession areas which existed in the site of origin be added to the site into which the data is being merged. **If this is not done, users will not be able to access that data** through the search or print options. See (#4) below for details.

(1) IF both sites process and report their own surgical path work, but only the Seattle site does bone marrow procedures

**Comments:**

Primary site = 663 (Seattle); American Lake Division = 663A

The cume path summary and health summary show all of the accession areas, still split by subscript.

Access to enter/edit data is controlled by the assignment of divisions in the NEW PERSON file (#200).

AREA field (#.01): SEATTLE SURG PATH  
LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY  
ABBREVIATION field (#.09): SSP  
ASSOCIATED DIVISION field (#.091), subfield(#.01): Seattle (663)  
LAB DIVISION field (#.19): Anatomic Pathology



AREA field (#.01): AMER. LAKE SURG PATH  
LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY  
ABBREVIATION field (#.09): ASP  
ASSOCIATED DIVISION field (#.091), subfield (#.01): American Lake (663A)  
LAB DIVISION field (#.19): Anatomic Pathology

AREA field (#.01): SEATTLE BONE MARROW  
LR SUBSCRIPT field (#.02): SURGICAL PATHOLOGY  
ABBREVIATION field (#.09): SBM  
ASSOCIATED DIVISION field (#.091), subfield (#.01): Seattle (663)  
LAB DIVISION field (#.19): Anatomic Pathology

(2) IF cytology specimens are obtained at both sites, but are processed/reported at one site

**Comments:**

Accessioning can be done by each facility, but only a single number sequence will be utilized.

The division logging in the specimen will be captured and displayed on the log book. The header for the log book will be based on the division printing it, but the accession area is also included.

AREA field (#.01): CYTOLOGY  
LR SUBSCRIPT field (#.02): CYTOLOGY  
ABBREVIATION field (#.09): SCY  
ASSOCIATED DIVISION field (#.091, subfield (#.01): Seattle (663)  
ASSOCIATED DIVISION field (#.091, subfield (#.01): American Lake (663A)  
LAB DIVISION field (#.19): Anatomic Pathology

(3) IF surgical pathology specimens are obtained at both sites, but only accessioned, processed and reported at one site,

AREA field (#.01): CYTOLOGY  
LR SUBSCRIPT field (#.02): CYTOLOGY  
ABBREVIATION field (#.09): TCY  
ASSOCIATED DIVISION field (#.091), subfield (#.01 ): Temple  
LAB DIVISION field (#.19): Anatomic Pathology

**NOTE:** It will **not** be possible to tell which division submitted the specimen because the accession area is the same and the division logging in the specimen will be captured and displayed on the log book.



(4) IF data is being merged from more than one site, such as is planned for those sites who are consolidating, it is absolutely **critical** that each of the anatomic pathology accession areas which existed in the site of origin be added to the site into which the data is being merged.

**Comments:**

Access to the accession area is controlled by the entry in the ASSOCIATED DIVISION field (#.091). If the site which is usually doing the accessioning for the new specimens received after the consolidation is **NOT** included, this accession area will not be available as a choice. Users will only be able to access the 'OLD' data through the search or print options if they can designate that division upon sign-on.

AREA field (#.01): WACO CYTOLOGY

LR SUBSCRIPT field (#.02): CYTOLOGY

ABBREVIATION field (#.09): WCY

ASSOCIATED DIVISION field (#.091, subfield (#.01 ): Waco

LAB DIVISION field (#.19): Anatomic Pathology

2. For those sites which are multidivisional, a new option has been created, i.e. Change to new division [LRUCHGDIV]. This option allows the user to change from one associated division to another, as appropriate based on the entry(ies) for DIVISION field (#16) for that user in the NEW PERSON file (#200), without having to log out and sign back in. It appears in the Blood bank patient [LRBLP] menu; however, if the process flow and task assignments are such for anatomic pathology that users need to input or view data from more than one division, it may be appropriate to assign this option to that user's secondary menu or to one of the AP submenus.

## **DATA MERGER Information for Consolidation Sites**

A separate patch will be released to enable sites which are consolidating the ability to merge critical data for Blood Bank and Anatomic Pathology. This separate patch will allow critical data stored before the consolidation to be accessible through the usual options.



The LRAPFIX2 conversion routine will also be included in this separate patch. This routine will redo the appropriate cross references (“ASPA”, “ACYA”, “AEMA”, and “AAUA”) for LAB DATA file (#63) for the SP, CY, EM, and AU subscript accessions.

### **BLOOD INVENTORY file (#65)**

Data in BLOOD INVENTORY file (#65) should be archived or printed/purged if possible to minimize the volume of data which will need to be merged.

The data for the new division field will have been entered by the post install routine LRBLFX72.

Data will need to be entered manually as merger routines do not exist. This can best be accomplished by printing all of the data in BLOOD INVENTORY file (#65) for each unit. This can be accomplished using the Single unit information-print [LRBLIPSP] option in the Single unit (display/print) information [LRBLQSU] submenu of the Blood inventory status reports {LRBLIS} submenu of the Blood Bank Reports [LRBLR] menu.

### **BLOOD DONOR file (#65.5)**

Data in BLOOD DONOR file (#65.5) will not be merged. Data can either be accessed via the legacy system or can be entered manually via the appropriate donor menu option for those deemed necessary.

## LAB DATA file (#63)

Laboratory data on the legacy systems will be available for a long period of time and all Lab data that is normally available through a health summary component IS going to be viewable on the primary system; however, for Blood Bank and Anatomic Pathology, this is not adequate. It is far too cumbersome to make the user go look it up and does not allow the software to do the actual comparison of current data with previous data or to check the current units against any historical entries in the antibodies identified field. By not having the data there, a patient whose current results do not demonstrate the antibody might experience an adverse (hemolytic) transfusion reaction. Likewise, it is imperative that historic records be available for the pathologist, particularly when the pathologist is trying to make a rapid diagnosis on a specimen submitted for frozen section. For Blood Bank, this will include the following fields:

field .05 ABO GROUP

field .06 RH TYPE

field .07 RBC ANTIGENS PRESENT (multiple)

field .075 ANTIBODIES IDENTIFIED (multiple)

field .076 BLOOD BANK COMMENTS

field .08 RBC ANTIGENS ABSENT (multiple)

field .085 TRANSFUSION RECORD (at least a portion, if not all of fields)

field .086 TRANSFUSION REACTION DATE (multiple)

It does **not** include:

field .084 BLOOD COMPONENT REQUEST (multiple)

field 1 BLOOD BANK (multiple)..this is where most of the data is kept

Prior to adding the data extracted from the associated division (original site) to that of the primary institution, an evaluation will be done. If data already exists for the patient, an assessment will be made to determine whether the data matches, is consistent with or is discrepant. If the data is discrepant, the data will not be merged automatically, but the data will be detailed on an exception report for future resolution.

For Anatomic Pathology, this will include the following fields:

field 2 EM (subfile 63.02)  
field 8 SURGICAL PATHOLOGY (subfile 63.08)  
field 9 CYTOPATHOLOGY (subfile 63.09)  
field 11 AUTOPSY DATE/TIME  
field 12 DATE/TIME OF DEATH  
field 12.1 PHYSICIAN  
field 12.5 AGE AT DEATH  
field 13 DATE AUTOPSY REPORT COMPLETED  
field 13.01 AUTOPSY TYPIST  
field 13.1 DATE FINAL AUTOPSY DIAGNOSES  
field 13.5 RESIDENT PATHOLOGIST  
field 13.6 SENIOR PATHOLOGIST  
field 13.7 AUTOPSY TYPE  
field 13.8 AUTOPSY ASSISTANT  
field 14 AUTOPSY ACC #  
field 14.1 LOCATION  
field 14.5 SERVICE  
field 14.6 TREATING SPECIALTY AT DEATH  
field 14.7 AUTOPSY RELEASE DATE/TIME  
field 14.8 AUTOPSY RELEASED BY  
field 14.9 PROVISIONAL ANAT DX DATE  
field 16, BODY HEIGHT (in)  
field 17 BODY WT (lb)  
field 18 LUNG,RT (gm)  
field 19 LUNG,LT (gm)  
field 20 LIVER (gm)  
field 21 SPLEEN (gm)  
field 22 KIDNEY,RT (gm)  
field 23,KIDNEY,LT (gm)  
field 24 HEART (gm)  
field 25 BRAIN (gm)  
field 25.1 PITUITARY GLAND (gm)  
field 25.2 THYROID GLAND (gm)  
field 25.3 PARATHYROID, LEFT UPPER (gm)  
field 25.4 PARATHYROID, LEFT LOWER (gm)  
field 25.5 PARATHYROID, RIGHT UPPER (gm)  
field 25.6 PARATHYROID, RIGHT LOWER (gm)  
field 25.7 ADRENAL, LEFT (gm)  
field 25.8, ADRENAL, RIGHT (gm)  
field 25.9 PANCREAS (gm)  
field 25.91 TESTIS, LEFT (gm)  
field 25.92 TESTIS, RIGHT (gm)  
field 25.93 OVARY, LEFT (gm)



field 25.94 OVARY, RIGHT (gm)  
 field 26 TRICUSPID VALVE (cm)  
 field 27 PULMONIC VALVE (cm)  
 field 28 MITRAL VALVE (cm)  
 field 29 AORTIC VALVE (cm)  
 field 30 RIGHT VENTRICLE (cm)  
 field 31 LEFT VENTRICLE (cm)  
 field 31.1, PLEURAL CAVITY, LEFT (ml)  
 field 31.2 PLEURAL CAVITY, RIGHT (ml)  
 field 31.3 PERICARDIAL CAVITY (ml)  
 field 31.4 PERITONEAL CAVITY (ml)  
 field 32 AUTOPSY ORGAN/TISSUE  
 field 32.1 AUTOPSY COMMENTS  
 field 32.2 CLINICAL DIAGNOSES  
 field 32.3 PATHOLOGICAL DIAGNOSES  
 field 32.4, AUTOPSY SUPPLEMENTARY REPORT  
 field 33 AUTOPSY SPECIMEN  
 field 80 AUTOPSY ICD9CM CODE  
 field 83.1 MAJOR DIAGNOSTIC DISAGREEMENT  
 field 83.2 CLINICAL DIAGNOSIS CLARIFIED  
 field 99 AUTOPSY QA CODE

